*The Official Journal of the Queen's Institute of District Nursing*

JUNE 1959 · No. 3 · Vol. 2

# District Nursing

## CONTENTS



# Editorial

UNDER the National Health Service Acts, contributions paid during health ensure medical and other benefits in time of need. The financial basis of the health service is collective insurance against individual misfortune.

Long before social security became a British birthright the Chinese were paying their doctors whilst they were well but not when they were sick. Although the financial pattern might be similar, theirs, however, was a more positive and logical philosophy on the subject of health. They believed in paying for health and not for illness. If they became ill, the doctor was not doing his job, and they stopped paying him until he had restored them to health again.

Health is the thing that counts; and an outlook which uses the fundamental approach of maintaining health by the prevention of disease is much more valuable, economically and socially, than that which is content to rely on the curing of ills as they arise, by medicaments and treatments.

The importance of this outlook in domiciliary nursing was brought out at the district nurse training conference organised by the Queen's Institute of District Nursing last month. Today's training syllabus equips the district nurse to be, amongst other things, a health teacher of the most influential type.

In addition to the lectures and theory of classroom and textbook, the student district nurse assimilates more naturally from seeing the example of the tutors and qualified district nurses with whom she works. In turn, she, too, broadcasts her knowledge more effectively by the same means.

From the moment she enters the home she teaches health by example—by what she is, by what she says, and by what she does. As Miss M. I. Sankey said in the paper she presented to the conference (see page 52), a most important aim of district nurse training is to produce a community nurse who will teach health as she nurses, and nurse as she teaches.

The district nurse is an ambassadress of health.

*Published for the Queen's Institute of District Nursing by Queen's Nurses' Magazine Limited, 57 Lower Belgrave Street, London S.W.1*
*Subscription rates: 12s 0d a year. Editorial offices: 57 Lower Belgrave Street, London S.W.1. Telephone SLOane 0355-8*
*Advertising agents: S. & H. Fretwell Limited 92 Fleet Street, London E.C.4. Telephone FLEet 5587-8*

*From a paper at the Institute's open conference on District Nurse Training Today and Tomorrow held at the Royal College of Surgeons last month*

# District Nurse Training Today

*by MIRIAM I. SANKEY*, S.R.N., S.C.M., D.N. Tutor, H.V. and Q.N. certs.
*Queen's Visitor, Western Area*

THERE are broadly speaking two schools of thought today. First those who feel that some preparation for district nursing is essential, and secondly those who feel that a nurse without any preparation can undertake the work just as efficiently. As a Queen's nurse and District Nurse Tutor I naturally belong to the first group.

The overall aim and objective of district nurse training is to produce a good all-round community nurse, equipped to work in either a city, urban or rural area—and not only in this country, for she is needed in many other parts of the world. A community nurse who will see her patient as a whole person, caring not only for his physical needs, but also being aware of his other needs, whether they be spiritual, mental or social, and being prepared to meet them as far as possible. A community nurse who will teach as she nurses and nurse as she teaches.

I think it is generally accepted today that all public health workers, including the district nurse, have a vital part to play in the health education of the public.

The syllabus of training as laid down by the Queen's Institute of District Nursing falls into two main parts, the practical training and theoretical studies. The curriculum is suggested by the Institute, but the *integration* of practical and theoretical studies is the responsibility of the teaching staff of the individual training homes. The planning of the timetables varies up and down the country, according to local conditions.

The primary aims of the practical training are twofold:

(1) to teach adaptation of hospital skills so that work can be carried out efficiently in a totally different sphere—the patient's home;

(2) to make the best use of material and equipment available—to improvise.

Because of chemotherapy and early ambulation, it seems that less and less bedside nursing is done in the hospital ward today. Many long-term patients are nursed at home and it is often necessary to teach the newly qualified S.R.N. how to care for this type of patient whom she rarely meets in her training school. From my own experience in different parts of the country, a considerable amount of time is spent teaching the newly qualified S.R.Ns the basic principles of nursing in the homes of the people.

I feel we are in great danger of producing a generation of technicians. Nursing means " to nurture " or to care for, but so many of our young nurses today, see no further than the end of a hypodermic syringe. I do not want to under-estimate the value of a million units of penicillin, but what of the patient's comfort? It may be difficult to believe, but it is true that the S.R.N. has often to be taught that a patient with pneumonia not only *needs* a bed-bath, but is most grateful for the comfort he derives from it.

### Two Fields of Learning

To my mind the *least* important part of any post-basic course of study or training is the series of lectures given by specialists in their own field. Lectures *are* necessary; we must have a certain number. They serve to stimulate the student to seek further knowledge and information; they are the scaffold around which the house is built.

Of more lasting value is the work done by the student herself, either through discussion groups, private or group study, and individual or group projects. There are very few training homes in the country where students are encouraged to undertake a project during the course, either as an individual or as a member of a group. I think this is a valuable aid to learning, and should like to see it more generally adopted in the training homes.

The student district nurse then, learns both in the training home and in the homes of the people. In the training home she attends approximately 38 lectures, she learns various techniques and district methods, she learns to care for equipment, the value of and the need for adequate district records. She attends tutorials and coaching classes, films and filmstrips, and she undertakes written assignments. I do not think the average student finds this part too difficult to absorb, especially if she is recently qualified, and it is fairly familiar territory. But other aspects of the Course are not so familiar, and some indeed are entirely new to her.

She may be entering a patient's home for the first time in her life. To enter the home of a complete stranger, to collect equipment and put a room in some kind of nursing order without appearing to be too assertive or interfering, is not as simple as it sounds.

Some of these homes are dirty; a few are indescribably filthy. Some are so highly polished we are almost afraid to put our bags down. Some have bathrooms, some have not; some have inside sanitation while in others it is necessary to cross a yard, or court, to a

communal lavatory. Some are light and airy, some are so dark one needs a torch to grope one's way up and down narrow staircases. And then there is the variety of cookers and fires—gas cookers, electric cookers, oil-stoves and open fires. The open fire is much maligned but it serves a useful purpose when soiled dressings must be disposed of.

In these divers types of homes the student district nurse must learn to work, and aim to work as efficiently, carefully and quickly as she would in a hospital ward. She must learn to have confidence in her own ability to work under adverse and difficult conditions, in order to inspire the patients to have confidence in her.

During her training the student district nurse assimilates and absorbs much that cannot be learnt from a textbook. She should be taught to assess the situation that confronts her on her first visit, and that as the situation changes, so must her assessment change. She must learn how much she *must* do herself and how much she can teach the relatives to do—if there are relatives to teach. How much or how little will depend on their capabilities and mental calibre.

She should realise that this assessment of the situation is reciprocal. The patients and relatives are " sizing her up " both as a nurse and as a person. She must learn to command their respect without being too friendly or too aloof; her approach and attitude, which she must learn to adapt to each individual home, will help to foster and establish good relationships. Once these are sound, the ground is prepared to receive her teaching. She will teach by what she is, what she says and by what she does.

**District Assessment**

She should learn not only to assess the situation in each home, but also to manage her district as a whole. " District management " is a wide term. It is intangible. It is not easy to teach and takes a considerable time to learn. During her training the student has a good deal of help, but by the end of her training she should be competent to take full responsibility. It involves a variety of things: the degree of illness or disability and the subsequent amount of nursing care required; the patient who *must* be visited early and the patient who *may* be left until later in the day. How far should she yield to the pressure and demands of the patient who feels the district nurse's day revolves around him alone? She must learn to manage without being managing. Other factors involved include the age of the patient, local geography and distance between visits, the mode of transport and the weather.

Surprising as it may seem, it is often necessary to teach the S.R.N. to care for patients' belongings and furniture and to show them as much consideration as she would her own possessions. Also, all too often, she needs to be taught economy; economy in the use of time, in the use of gas and electricity, in the use of dressings and lotions, in the use (not misuse) of soap.

At the present time there is much emphasis on mental health. Mental breakdowns could be greatly reduced in numbers if there were more good listeners in the world. The student district nurse is taught to be on the alert for early signs of mental ill-health—the overworked and harassed mother, the unhappy wife, the lonely old age pensioner—and often by being just a good listener, she can do a great deal to help them and their families. Some of us are born good listeners, but this attribute often has to be developed.

**Patience for Rehabilitation**

I referred earlier to many long-term patients being nursed at home. I am thinking particularly of the hemiplegics, many of whom do not go to hospital even in the acute stage; and the arthritics, who may or may not go to hospital for a special course of treatment. Rehabilitation is a vital part in the total care of these patients. The student district nurse must learn to undertake this. She must learn that it requires a good deal of patience, and unlimited time and perseverence, not only on her own part, but also on that of the patient and his family.

Much has been said and written about the " public health team " and the co-operation which exists, or should exist, among its members. During her training the student district nurse meets, often for the first time in their professional capacities such people as the family doctor, the public health inspector, the home help, the moral welfare worker, the health visitor and many others. She must learn that a full co-operation with these, a readiness to see their points of view and a respect for their opinions is essential for the successful total care of the patient whose welfare is the apex of her work and endeavours.

Finally a word about the nurses' home as a focal point of training. Throughout this paper I have referred to training homes. I am sorry to see the closing of many of the training homes up and down the country. Since 1948, their upkeep has involved the spending of much public money and they have become uneconomical to run, due to the trend for nurses to live out. But with their closing, district training has lost something intangible. The centre, compared with the home, whose place it has taken, is cold and impersonal; the students have lost the close contact, not only with each other but also with their seniors, from whose experienced viewpoint they could assimilate many of those intangibles not to be found in textbooks and many of which I have not mentioned this afternoon; but it may well be, that in due course with their further development and use, the centres will provide a stimulating setting of a different but no less valuable kind.

**A further report on the conference, including " What the Community Expects of the District Nurse ", the paper by Dr. Ronald W. Elliott, County Medical Officer, West Riding of Yorkshire, and the ensuing discussion, will appear in our next issue.**

*The author was awarded a travel fellowship by the World Health Organisation for a month's study tour of domiciliary nursing in Denmark, The Netherlands, and Belgium*

# Domiciliary Nursing in Denmark

*by ISOBEL H. MORRIS*, S.R.N., S.C.M., Q.N. and H.V. certs.

MY first visit in Denmark was paid to the nursing department of the national health service where Miss Magnussen, public health nursing officer, spoke of the low incidence of communicable disease in Denmark. She described the operation of the State serum institute which employs a flying squad to investigate cases of virus infection.

We also discussed the problems of an ageing population and provisions Denmark is making to meet this need.

The public health nursing services in Denmark are specialised, but an experiment for combining public health nursing and domiciliary nursing in a rural area has recently been carried out. In some cities and in rural areas school health work is linked with infant welfare and both are undertaken by one public health nurse.

**Postgraduate School of Nursing**

An overnight journey by boat brought me to the Postgraduate School of Nursing Education at Aarhus. Established through the initiative of the Danish State Health Department, the School comes within the auspices of Aarhus University, under the supervision of a board of directors with representatives from the University and the state health department.

The university is situated in a beautiful park. The Postgraduate School of Nursing occupies spacious accommodation with all modern facilities including a laboratory and a well stocked library.

**Public Health Nurse Training**

In 1937 an act was passed which provided state aid to all municipalities employing public health nurses in order to reduce infant mortality and morbidity. This aid was only to be given when qualified public health nurses were employed. Hence the establishment of the public health nursing course at Aarhus University.

Applicants for the public health nursing course have to be registered nurses with a good educational background and at least two years nursing experience after registration. Tuition is free but the students are responsible for board and lodging, travelling and other incidental expenses. The course covers a period of approximately nine and a half months.

Among the subjects are hygiene and preventive medicine; social conditions; legislation and administration; psychology and mental hygiene; and health teaching. In addition the students carry out individual projects, visits of observation and field experience.

**Home Visiting Nursing**

Home visiting nursing dates back to the 19th century when it was undertaken by nurses employed by private associations. In 1913 the municipalities were made responsible for providing a home visiting service for the sick poor. At present various agencies employ home visiting nurses. These may be municipalities, private associations, sickness insurances or churches.

**Home Visiting Courses**

A course for home visiting nurses has recently been introduced at the Postgraduate School of Nursing in Aarhus. It was felt that before a national training could be established, those in the field who would participate in such a training should be adequately prepared. The first step was the preparation of the future field teachers and accordingly a three months refresher course was offered to experienced home visiting nurses. As many of these nurses would have been working on the district for several years, each entrant is required to undertake two weeks observation in a general hospital first.

During the course practical demonstrations, group discussions and visits of observation are integrated with lectures on subjects such as materia medica, pathology, public health and hygiene, body mechanics in nursing, economics and sociology, social legislation and administration and household economics.

Later, when registered nurses come forward for district training, a new course will be prepared. This is expected to consist of six weeks theoretical training, twelve weeks practical work with trained domiciliary nurses, and a final six weeks of theory.

The importance of the home visiting nurses' contribution towards the care of the ill patients was so much appreciated that it was dedcied that an expansion of the service in a certain wide area would save the building and equipping of a large hospital.

A story was told of a consultant who, when asked how many beds he had for his use, replied, "I don't know! I can tell you how many I have in the hospital but I am unable to say how many I have in the homes."

The municipalities of Copenhagen and Fredericksberg prepare their home visiting nurses for work on the district with a six months course of training and nurses are not accepted unless they agree to take this course. This is an in-service training and throughout the nurse works under the close supervision of an experienced visiting nurse.

**Copenhagen**

The home visiting service in Copenhagen is administered from a central office. The staff consists of a director, two assistants and two head nurses. The service

is provided by the municipality and is run in conjunction with the municipal hospital service. The same board of directors is responsible for the maintenance and upkeep of both services. In addition to this the director of the home visiting service works closely with the medical officer of health for the municipality.

The population of the area covered by the home visiting nurses of Copenhagen is approximately 800,000 and 200 home visiting nurses are employed. Some work part-time and only fifteen are married women. Seventeen nurses are engaged in maternity nursing.

The nurses work from their own homes and telephone in daily for their work. The telephone at the central office is manned from 7.0 a.m. to 4.30 p.m. Bicycles are provided for transport and a simple but attractive uniform is issued. Each nurse is equipped with one bag (Gladstone type) which has a removable, washable lining, and an enamel steriliser in which she daily sterilises her needles, nylon syringes and container. Each sterilised syringe is used once only.

Nursing equipment such as bed pans, mackintoshes, etc., can be obtained on loan, at the request of the home visiting nurse, from the hospital. No charge is made, the principle being that hospital beds are saved by caring for the patient at home.

Visits are paid to patients by the administrative staff when problems arise, but is not thought necessary to supervise the work of trained staff.

I made some home visits with these nurses and was struck by the intelligent and devoted care given to the patients. One nurse had been on her district for ten years and it was obvious that she was well known by everyone in the area. People continually stopped her to ask advice. Indeed if she had made all her rounds on foot (as she did on this occasion for my benefit) she would have had some difficulty in visiting all her patients!

**The Public Health Nurse in Action**

The public health nurses in Denmark visit children up to the age of one year, making during this period approximately twelve visits. Except in the largest towns welfare centres have not been established, so that most of the public health nurses' teaching is given in the home.

In the towns it is usual for the public health nurse to have 200 children in the first post natal year under her care; in rural areas about 100–180. When a combined service is carried out the numbers are approximately 100 children up to one year and about 1,000 school children.

I was able to see this service in action when I visited Holbaek County in Zealand. The central office from which this service is administered was in Holbaek city. Around it are grouped other offices such as those for maternity aid and home helps. The medical officer is not housed in the same building but keeps in touch through regular consultation and staff meetings. Eighteen public health nurses work under a director.

With one of the public health nurses I visited five families, and was impressed by the cleanliness and charm of the Danish home. The children looked remarkably healthy. All the mothers welcomed us and upon our arrival quickly undressed the child and laid it on a blanket on the table. The public health nurse washed her hands, donned a plastic apron from her bag and proceeded to examine and weigh the baby. She carried her own scales. She talked to the mother throughout and when the discourse was finished wrote up her records. One was the weight card which the mother retained. On this card she entered the date of her next visit. I noticed that the public health nurse's name, address and telephone number were on the same card so that the mother could get in touch with her if necessary.

Immunisations and vaccinations are carried out by the family doctor and very few children in Denmark fail to have these.

I also visited the city of Aarhus where a similar service was in operation. Here the public health nurses also undertake the social work in connection with deprived children and problem families.

**Care of the Aged**

Through the National Insurance Act of 1933 Danish citizens contributed towards a scheme which entitled men to old age pensions at 65 and women at 60. The pension was given either in cash or through maintenance in specially built accommodation. In both Aarhus and Copenhagen I had the opportunity of seeing some of the facilities provided for elderly people.

The "old people's town" was a special feature of Copenhagen. This was made up of a group of large buildings with varying types of accommodation designed to meet the particular needs of elderly men and women both ambulant and bedfast. In some there were single and double bed-sitting rooms which might be furnished or unfurnished, each with its own small washroom.

Meals were provided and served in the pensioner's own rooms or in a communal dining room. There were pleasant lounges and a small kitchenette on each floor. In case of emergency a nurse could be called by means of an electric signal system which operated from each room. The rooms were cleaned for those who were unable to do their own work.

Some newly erected buildings consisted of blocks of unfurnished flats for married couples. The occupants lead completely independent lives. I visited an elderly couple in one such flat. It was very comfortably furnished.

There were also tiny gardens, each with its summer house which the Danes love so well, for some of the elderly active men.

An infirmary caters for the frail elderly people who are unable to care for themselves but who are still ambulant; and a hospital is attached for those needing nursing care. There is also a rehabilitation centre under an enthusiastic occupational therapist.

I visited several more flats built for the elderly in the south of Copenhagen. A special feature of this group is the "feast rooms." These consist of a dining hall with kitchen, cloak rooms and a small lounge where the old people can hold parties or receptions. Crockery and

cutlery are available for hire at a very small charge. These facilities are greatly appreciated and the suite of rooms is in constant use.

I was taken to see more housing for the aged in Aarhus, and there too I saw a rehabilitation centre run by the municipality. It caters for those of all ages needing occupational therapy. Domiciliary visits are paid by the occupational therapists.

I accompanied one to see an old lady who had been taught lace making. She was very proud of her accomplishment and displayed her work with great enjoyment.

**Home Help Service**

From the foregoing it can be seen how Denmark has sought to care for her old people in the way of suitable housing. But houses and flats are of no avail if the old people are not strong enough to clean, cook and shop for themselves, or have no friends or relatives to do this.

Domestic help is a prime necessity for these old people and for other families where the mother is ill. In Denmark each municipality is responsible for providing a home help service in its area. It may be organised by the director of the home visiting service or by an officer of the social welfare department.

The first method is used in Fredericksberg which I visited. The service is planned to help families where the mother is ill, and elderly persons.

Women who do this work are known as house mothers. Their conditions of service are rather different from the home helps'. Suitable house mothers are encouraged to take a two months training course at a domestic science training college. No payment is given during the course but on their return to work they receive an additional hourly payment (about 6*d*). This service is intended to help the family over a grave emergency, and the house mother attends for two weeks, but the period can be extended. Payment is according to means, the amount being calculated upon the income tax paid by the head of the family, a simple but effective method. The maximum charge is about 3*s* 7*d* per hour and the minimum 3*d*. Many receive the service free.

Home helps attend the frail elderly and carry out the usual duties assigned to a home help although if simple washing of the elderly person is required this is regarded as the home help's work. No charge is made to persons receiving the state pension.

The minimum time the home help spends with the aged person is two hours per week, and the maximum two hours per day. Home helps receive no special training. They are paid about 2*s* 6*d* per hour.

**Children's Facilities**

It is unusual to see the needs of children from babes in arms to adolescents catered for in one building. This was my experience when I visited a large housing estate on the outskirts of Copenhagen. Most of the houses and flats are occupied by families with young children so that the child population of this area is very large and generally the mothers, as well as the fathers, go out to work.

Store Vigerslevgard is a pleasant spacious house with a fourfold purpose. It contains a day nursery, a nursery school, a leisure home school and a youth centre. The day nursery occupies the upper floor of one wing and caters for 46 children between 0 and 3 years. In charge is a trained nurse. Beneath this is a nursery school for 60 children between 3 and 7 years.

In the adjoining block on the ground floor is a leisure home school for 75 children of school age. These leisure home schools are quite a feature of Denmark and well used. They offer part-time accommodation for children when the local schools cannot accept them for a full day. This may be due to a shortage of class room accommodation or a lack of teachers. They are open during school holidays and after school hours.

Above this is a club room for teenagers up to 18 years.

I made a rather different type of visit to a school for delicate children in Copenhagen, the only school of its kind in Denmark. The school is near the sea and is designed around a central paved courtyard with the classrooms facing south. In this pleasant, well designed school the children take their lessons, play games, enjoy an afternoon rest and two main meals.

The school doctors throughout the city select children for attendance at this school. The initial period is for one year but this can be extended for a further year if necessary. Most of these delicate children come from homes with grave social problems. The children travel to the school by public transport, fares being reimbursed in cases of need.

The cost of running this school is high, but the results merit the expense. A very noticeable feature is the enthusiasm and keenness of the staff who all show great interest in the welfare of the children.

**Tuberculosis**

As I had expressed a wish to see the means of prevention and the domiciliary care of tuberculosis, I was given the opportunity of visiting the Tuberkulosestationen in Copenhagen. Matron showed me over the building. I gained some knowledge of the vast amount of diagnostic and advisory work carried out and realised why Denmark had been so successful in its campaign against tuberculosis. Practically all patients receive treatment in hospital or other institutions. Very few are cared for in their own homes during the active stage.

During my stay in Denmark I was kindly afforded the use of a guest room at the nurses' home maintained by the Danish Council of Nurses. The offices of the Council were in the same building and throughout my stay I had the greatest help from the staff.

My last visit was an interview with the Secretary of the Public Health Section. It was interesting to discover that the Danish Council of Nurses is a strong professional organisation with a 90 per cent membership of registered nurses.

**Next month the author continues her European study tour in the Netherlands and Belgium, and sums up her findings.**

*I am no longer 'one of them officials' but a friend welcomed by the family*

# Introducing Students to the District

by **ELEANOR M. FREEMAN**, S.R.N., S.C.M., D.N. Tutor, Q.N. & H.V. certs.

I STEP into the office to say " Good morning " to five alert hospital student nurses. Later the district nurse tutor will introduce them to the Queen's district nursing sisters who will be taking them round their districts. At the end of the morning, she will show them the nurses' home and lecture centre and answer any questions often very pertinent after only one morning's observation. As superintendent of a district nursing training centre, I am very pleased to have the opportunity to meet some of the hospital students to whom I may be invited to lecture during their training.

At 8.30 a.m. my deputy or I take over the telephone to discuss the day's work with approximately ten district nurses who are based at four welfare clinics away from our district nurses home. Recently there has been an amalgamation of areas in the city making our particular district larger. The nurses have a rota and ring in from the welfare clinics at stated times. This saves a journey to the district nursing centre. We take this duty in turn on alternate weeks. I feel this is important so that we can both keep in touch with the work of the nurses based on the welfare clinics.

Once the morning work has been given out to the forty district nurses and students working in this area I have several telephone calls to make. These vary from day to day, perhaps some nursing equipment which may be needed from the stewards department, or a conversation about a patient with one of the general practitioners.

My next item on the programme is to see the housekeeper, and arrange for a guest to be accommodated. I greet cook, and remember to tell her that her sandwich fillings are as popular as ever.

Now to prepare to go out to do a supervisory round. It is a pleasure to accompany a student on the district and to see a really good bed-side nurse, and to sense the confidence expressed by the patient in her nurse who is also her friend and adviser.

Our first call is to an elderly patient with whom I have much in common. We are both country born and bred. The household co-operates well and everything is ready for nurse's use. The doctor has written on the patient's message sheet, that thanks to nurse's attentive care, the bladder is keeping free from infection.

I reflect on recent supervisory rounds that I have made. When accompanying a student who has had less nursing experience, it is interesting to note her reaction to the warm welcome I receive when I enter the home. I may notice that the kitchen has been freshly papered since my last visit and I admire the paper chosen, and recollect that the kittens were only six inches long when I last called. Now the remaining one is a handsome cat. I am no longer ' one of them officials ' but a friend, welcomed by the family.

When I am with a student district nurse who has recently become State Registered and has not often had anxious and grieved relatives to comfort (I am now thinking particularly of some of the distressing cases of cancer we nurse in the home), I pause to think, and from my observations I may wonder if the hospital students of today have the opportunity one would wish for them in nursing very sick people over a prolonged period, where special care is required for oral hygiene, pressure areas, incontinence, and the probable bed-sores.

Am I too critical of their nursing ability in such cases, and again the thought strikes me, that these young nurses may undergo emotional strain, when nursing women between 45–50 years of age with a terminal illness, perhaps visualising their own mothers in a similar position. I always hope that I may have been able to give some moral support to relatives to help them carry on with their duties for as long as they are called on to do so, and I try to teach the student district nurses that this is a vital part of good nursing.

### Telephone Conferences

Returning from my round, I find a message waiting to ring my senior nursing officer. I do so, and am asked if I can arrange for a visiting doctor from overseas to accompany the nurse attached to our children's nursing unit. Nurse has just returned from her holiday, and has some quite ill babies and toddlers to visit with social problems in many of the households. I can arrange an interesting morning for our guest.

I attach great importance to the manner in which the telephone is answered. Here comes the age old question of which duties can be justifiably delegated to non-nursing personnel.

I can only suggest that however good a lay person is in taking messages, doctors seem to have developed a sixth sense as to whether a person with nursing knowledge is answering the telephone, and are therefore much more prepared to give specific instructions to trained staff regarding treatment and further details relating to diagnosis. This may be very much in the patient's interest and for his well-being. Our nurses get experience with telephone duties. The basic staff and students have a rota system and may be ' on call ' once in seven or ten days to receive telephone messages or doctors' letters.

One group of our nurses have nearly completed their training period and today I am invited to the class room to hear the comments of the students who are shortly to sit their written paper. It is interesting to hear their observations on the social services. They agree that on paper the services appear wonderful although in practice they are not always adequate.

On lecture days the assistant superintendent and I have tea with the lecturers. We have interesting and lively discussions, not only on the lecturer's topic but on many other relevant subjects. Other weekdays, over a cup of tea in the afternoon, we get together over points regarding the training of the nurses, possible alterations of techniques, hoping perhaps to simplify some of them while still keeping the required standards. We all agree that where three or four senior members of the staff are taking part in teaching rounds we must teach the same basic principles. It is not fair to the students if one thing is accepted by Miss A. but frowned upon by Miss B.

When my other duties permit, I like to be free sometimes to distribute the morning or afternoon work, particularly with a view to keeping close contact with both the trained staff and the students. When the off duty is planned, the 'days off' of the district nurses have to be worked in with the students' study days. Here I would like to say how much I appreciate the team spirit we have. We realise that the nurses attached to the training home cannot have quite the same freedom as those based on non-training homes. Certainly personal consideration is given whenever possible and I like to feel that this is known. I rely on our permanent staff to uphold standards at all times and through peak periods when staff numbers fluctuate. I know that the only way the students can effectively gain practical experience is to take full responsibility for the nursing care and welfare of patients on the districts allocated to them. However, realities must be faced. The number of students accepted for each course varies and the boundaries of their districts have to be adjusted accordingly, but nursing must still be carried on and work shared.

As I go off duty, two students who are awaiting the results of the Queen's Roll examination, tell me that they have decided to take midwifery training and perhaps the health visitors course later on. They want to discuss when it would be wise to start making application for midwifery training. They realise that the year in this city in which they will fulfil their contract will be a valuable period, when they can put into practice some of the theory they have learnt in the class room, and develop further their relationships with colleagues in the field.

Climbing the stairs up to my flat, I may be stopped by a resident student district nurse on this or a similar request. Would I mind if she had a budgerigar if she obtained a proper cage? My answer is that I would be delighted. I don't mind how many pets we have, providing that they are kept under proper control. I like to encourage hobbies for the resident nurses who may not have their families or friends near at hand. I may be challenged what about your own hobbies? At the moment, as honorary secretary of a section of my professional organisation, I have to make that my hobby, but I have and will have more.

My duties in the course of a day may be varied. They may include visits to the patients, or accounting for loan equipment in use. Even monthly statistics take on new significance when reading the medical officer of health's annual report and seeing some of the results of our labours. I am fortunate. I have a very satisfying job.

# Bringing the Country to the Housebound

NEXT time you spend your day-off in the country, why not bring back wild flowers for your patients?

To prevent the flowers from wilting, bring them home loosely wrapped, but completely enclosed, in newspaper or in paper bags, and as soon as possible plunge the whole of their stems in warm water. Leave them to soak for several hours.

Then select the best flowers and leaves, and insert them one by one in small dishes of moist sand. If the stems are soft, make holes for them with a twig or a knitting-needle. When a dish is full, flood it very gently with water.

Last summer my patients were thrilled with miniature gardens made from sixteen different kinds of flowers that I had picked in a disused chalk-pit. Flowers of the dandelion group, so often scorned for decoration, made a gay contribution. The outline of such arrangements can be softened by the addition of quake-grass.

Tiny gardens, ideal for patients' bed-tables, can be made in shells, or in the lids of small jars. If the shells do not stand firmly, put them on a base of plasticine. Minute, but brightly coloured flowers, such as speedwell, scarlet pimpernel and bird's foot trefoil, should be chosen. Patients enjoy tending these gardens themselves.

**Mary Restell, B.A., S.R.N., R.M.N.**

*'Problems solved here'—that is the aim of a ward sister who turned geriatric social worker and sees the elderly sick in their homes*

# Making the Most of Hospital Beds

*by* DOREEN NORTON, S.R.N.

AS the sister of a geriatric ward I constantly found myself asking why so many patients admitted to the ward were in such an advanced stage of physical deterioration that little could be done for them in the way of successful rehabilitation.

No one could give me a satisfactory answer so I decided to find out for myself by becoming a geriatric social visitor with the Hospital Personal Aid Service for the Elderly.

My new job was to visit the elderly chronic sick for whom application had been made for hospital admission. I was expected to assess the social difficulties which had prompted the request for admission and to suggest to the hospital the degree of urgency, or possible alternatives if hospital admission did not appear to be the best solution.

At first the ward sister in me dominated the social visitor. I pursued questions related to health and nursing care, and even found myself diagnosing conditions. Such was my concern for the old person's health that I would often completely forget to enquire into things like his financial situation or to ask if he owned or rented his accommodation.

First impressions of visiting these old people in their homes was that hospital admission would provide a solution to the social problem in every case and be far the easier way out! I knew that this was impossible however and, indeed, totally undesirable from every point of view even if there had been an inexhaustible supply of hospital beds.

I had a very different view of hospital beds, by this time having been made aware of the vast numbers of elderly people who live within a hospital area. If the hospital was to serve this elderly community by being able to admit an old person immediately he became ill and required treatment, then it could not permit its beds to become occupied by those who required supervision rather than nursing care, or for whom some other arrangement could be made.

It soon became clear that my job was not to be simply that of a social reporter but of a case-worker, who must be prepared to spend endless time and trouble in sorting out an old person's problems in an endeavour to suggest a practical solution.

In order to do this it was obviously necessary to possess a wide knowledge of local social services, welfare accommodation, residential homes provided by voluntary organisations, private rest homes and nursing homes—and means to obtain help with the fees if necessary; and, perhaps above all, to establish good personal relationships with authorities and organisations concerned with the welfare of old people in the area.

For one who had spent a working life within the confines of a hospital this quest in search of 'other arrangements' revealed a world of which I had been almost entirely ignorant.

In due course I became acquainted with the work and responsibilities of the welfare authorities in providing residential accommodation, aids for the handicapped, and help for the blind. I became familiar with the functions of the local public health department concerning problems of old people and their families, and with the work of voluntary bodies.

This wealth of information made it possible to suggest arrangements other than hospital for a great many old people, so that applications were withdrawn, leaving only the names of those in need of hospital care.

By visiting all the patients who were considered in need of admission for social reasons it was possible to assemble them in order of priority.

A review of cases on the hospital waiting list from time to time produced many surprises. Very often patients were found to have recovered, died, gone to homes or to relatives. In some cases it was found that the previous so-called 'insoluble' social problems had, in fact, solved themselves.

### Gaining Relatives' Co-operation

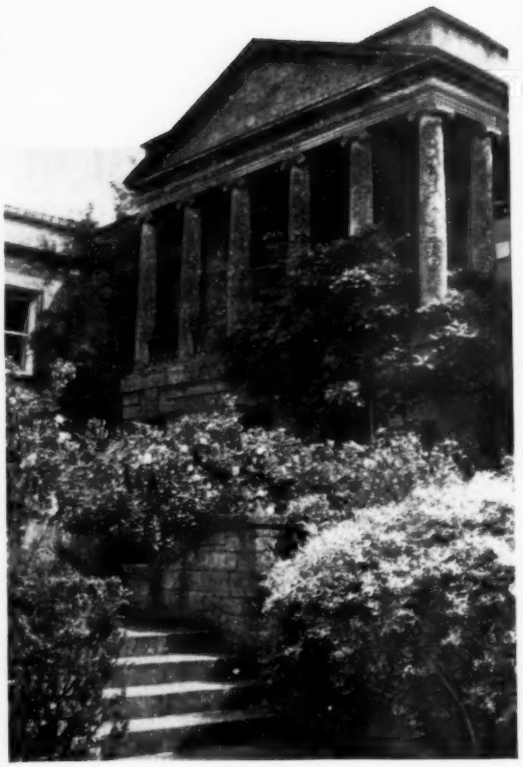
It was also a surprise to find that quite often when relatives had been given an opportunity to discuss their problems they decided that, after all, they could continue the old person's care for the time being. In others it was discovered that the family did not appear to realise the nature of the patient's illness. When, at the visitor's suggestion, this was made known to them and that the social difficulties could only be of short duration, they expressed their willingness to carry on.

The question of possible discharge from hospital and the point for the social visitor to bear in mind when seeing patients before admission was that she could impress upon relatives that if the patient were admitted to hospital it did not necessarily relieve them of all responsibility in the future.

An old person occupying a hospital bed unnecessarily or for longer than he need, means that fewer patients can be admitted. Many will have to wait so long that by the time beds are available little can be done for them in the way of successful rehabilitation.

# The Gardens of Britain

**The joys of the garden at all seasons brought to you anywhere at any time—this is the achievement of a beautiful new colour film that has been especially made for, and presented to, The National Gardens Scheme**



THE premiere of the film *The Gardens of Britain* took place before an invited audience at the National Film Theatre on 12th May. The film was made and presented to The National Gardens Scheme by Fisons Limited. At the premiere Lady Rayleigh, chairman of council of the Queen's Institute, thanked Fisons for this generous, and exceedingly useful, gift.

*The Gardens of Britain* is a 16 mm. film in colour, with sound commentary, which runs for nearly 40 minutes. It traces the history of gardening in this country from Roman times down to the present day. The earliest gardens of which there is any record are illustrated from manuscripts in the British Museum. These are followed by shots of gardens laid out in Tudor times, which have been preserved through generations of care and are still in existence today.

*The roses at Kiftsgate Court, near Chipping Camden, which will be open 28th June and 4th July*

Tracing gardening history through the centuries, the film shows the great formal gardens of the 17th century inspired by Le Notre, and the landscape gardens of the 18th century; then the revival of the flower garden in the 19th century, following the introduction of many plants from other countries by the plant explorers; some of the great formal gardens laid out during the second part of last century, reflecting the design of gardens of earlier days; the introduction of a pinetum as more and more trees from other countries began to thrive here and the introduction, too, of the herbaceous border. Finally it shows the type of semi-wild garden with which we are so familiar today, with plants naturalised in shrubberies and woodlands to produce an informal and picturesque effect.

The film turns from the history of gardening to a tour of some of the gardens which open for The National Gardens Scheme, moving from the home counties to Gloucester; from Yorkshire to Suffolk and to Somerset; from London to the Royal gardens of Sandringham and Barnwell Manor; and from Norfolk to Wales and as far north as Cumberland.

In touring the gardens the film also runs through the seasons, showing gardens which open for the snowdrops, for the early spring flowers, for daffodils, flowering shrubs, for irises, for roses and summer borders, for the later flowers and for autumn colouring.

Three of the gardens which appear in the film are illustrated here. The garden at East Lambrook Manor in Somerset is laid out on cottage-like lines against a background of mellowed stone and during most of the year is a mass of colourful plants. It is the subject of the book by the owner, Mrs. Margery Fish, *We Made a Garden.* The gardens at Kiftsgate Court in Gloucestershire are noted for a profusion of lovely roses, and for the perfect tapestry of colouring which Mrs. Binny creates.

*The large-scale cottage garden at East Lambrook Manor surrounding the 15th century house. Garden open on 5th July*

*The gardens at Wakehurst Place, Ardingley, will be open on 14th June and again on 4th October for the autumn colouring*

Wakehurst Place in East Sussex is a lovely Elizabethan manor belonging to Sir Henry Price. The grounds are a perfect example of the semi-wild type of garden introduced by William Robinson at the turn of the century. They are lovely at any time of the year and for the film were photographed in all the glory of their autumn cloouring.

Altogether some 50 gardens appear in the film. Most of it was shot last year, which proved a particularly difficult year for filming because of the prevailingly wet weather. But in spite of this, and due to the patience, perseverance and hard work of Mr. Broome, the studio manager of Fisons Limited, and of the two photographers, Mr. Russell Holbrooke and Mr. John Stone, The National Gardens Scheme has been presented with a film in which the beauty of many of the loveliest of English gardens has been captured and most attractively presented.

Sir Frederick Stern, O.B.E., M.C., V.M.H. introduced the film to the audience. As one who opens his garden to the public, he spoke of the value of the Scheme, and the pleasure which can be obtained from opening one's garden. He recalled an amusing incident on one of his opening days; when he was mistaken for the gardener by a visitor who asked if he was well treated.

*The Gardens of Britain* has already received valuable publicity in the press, and shipping companies have expressed their interest in the film as a medium for showing passengers coming to Britain what a wealth of beauty this country has to offer. Bookings for the film have already been made by horticultural societies, women's institutes, townswomen's guilds, rotary clubs, and many other societies and institutions covering a wide field of interests.

**Hiring Arrangements**

Applications to hire *The Gardens of Britain* should be made to The Organising Secretary, The National Gardens Scheme, 57 Lower Belgrave Street, London, S.W.1. A nominal charge of one guinea will be made to help cover distribution costs.

In connection with a Festival of Floral Decoration in the Royal Horticultural Society halls, the film will be shown at 2 p.m. and 4 p.m. on Tuesday 14th July and at 11 a.m., 12.30 p.m. and 2.30 p.m. on Wednesday 15th July.

Among the gardens opening for The National Gardens Scheme in June are a number which are shown in *The Gardens of Britain*. Sissinghurst Castle in Kent will be open for its collection of old roses, and Kiftsgate Court in Gloucestershire for the shrubs and old-fashioned roses. Nearby on the same day Hidcote will be open, a garden whose high hedges encourage the growth of a very wide selection of plants. In London, Park House, in Onslow Square, and Walpole House, on Chiswick Mall, are both in the film and their gardens will be open this month. So too will those at East Lambrook Manor and Tintinhull House in Somerset, and at Nymans in East Sussex. In West Sussex the gardens at Highdown belonging to Sir Frederick Stern will be open for the eremurus which are featured in the film, and also the gardens at Field Place, whose herbaceous borders and climbing plants are shown.

The greatly increased demand for the guide book this year has necessitated a re-print. Copies of the guide are available price 2*s*, plus 6*d* postage, from The Organising Secretary, The National Gardens Scheme, 57 Lower Belgrave Street, London, S.W.1., or leading booksellers.

From the book "A Hundred Years of District Nursing" to be published later in the year by Allen & Unwin at 18s.

# Developments in London

*by* ***MARY STOCKS, B.Sc.***

WHILE the Liverpool ladies were operating their pioneer system of amateur supervision, a very different pattern of district nurse organisation was emerging in London. It owed little to the day to day activities of philanthropic ladies, accorded no place to " missing links," and was carried forward in an atmosphere of militant professionalism. Ladies were indeed pressed into its service; ladies both served and dominated it. But they were trained ladies, glorying in the exercise of their technical skill.

In one respect Florence Nightingale herself was nearer to the London scene and her influence played more directly upon it. This was not a matter of physical distance. It was due to the nature of the transmission. In Liverpool her genius had been distilled through the medium of William Rathbone's wide experience of varied social and political interests and his knowledge of what his daughter described many years later as " the extremely peculiar constitution of the Liverpool population."

Florence Nightingale herself recognised it when she wrote many years later of Liverpool's "*esprit de corps* or rather *de ville* " which justified a different pattern of organisation.[1] In London this influence was reflected in a second Florence: a woman whose interests and experience were directed to one end only: the promotion of skilled nursing.

About the parentage and early life of Florence Lees information is scarce. We know that she came from the neighbourhood of St. Leonards, that she returned there, presumably to her parental home, to be married, and that she was by birth and upbringing every inch a lady with a lady's enjoyment of sufficient unearned income to ensure freedom of movement.

The dedication of her book on district nursing published in 1889 records " grateful memory " of her mother " to whose early teaching and example I owe my first and best training in the service of the sick poor." Clearly then, she entered upon her nursing career with none of the bitterness and sense of frustration that poisoned the domestic background of her great namesake. From this obscurity, she steps into the pages of nursing history as a twenty-five year old probationer of the Nightingale Training School at St. Thomas's Hospital, in the year 1866.

Having completed the normal year's training at St. Thomas's, Florence Lees proceeded to Germany, and after a spell of experience at Dresden and Kaiserswerth, toured the principal hospitals of Western Europe. Back in England, she took charge for some months of the male accident and female surgical wards at King's College Hospital under the auspices of the Sisterhood of St. John; and then returned to France where she worked in a number of hospitals, including those operated by religious orders as well as the military hospitals of Val de Grace and Vincennes.

This was on the eve of the Franco-Prussian war. After nursing with the 10th Prussian Army Corps before Metz, she was invited by the Crown Princess to superintend the Princess's own hospital for wounded soldiers at Homburg. Thereafter she visited hospitals in Canada and the U.S.A.—from which it may be seen that she travelled further and saw more with her own eyes than did Florence Nightingale herself. Thus she was prepared for the gruelling job of nursing and teaching others to nurse the London poor.

Miss Nightingale has described Florence Lees as a " genius of nursing," and this she clearly was. She could in addition scrub a table and de-louse a slum tenement sick-room as well as the most unsqueamish of charwomen —better indeed, since it was part of her nursing philosophy that such duties were more efficiently and more readily performed by ladies than by " missing links."

Later photographs show her as Mrs. Dacre Craven, a figure of serene magnificence, with an " eye like Mars to threaten and command," her left shoulder resplendent with orders, calm in the knowledge that with one notable exception she knew more about nursing than anybody in the world—and this she doubtless did. Nor were those with whom she worked likely to forget it. This was partly because when she entered a sick-room kindness and competence shone in it like a burst of sunlight through mist, partly because her nurse trainees felt at once the guidance and encouragement of a master hand —and partly because those who fell below her standards or pursued a course other than as directed, emerged from the experience as crushed worms.

### Early Leaders

Nevertheless to others must go the credit for initiating in London an organisation of district nursing which was later to form the nucleus of the Queen's Institute. The first tentative moves were made by Sir Edward Lechmere and certain of his colleagues connected with the English Branch of the Order of St. John of Jerusalem whose headquarters were at St. John's Gate in Clerkenwell. Could something be done for district nursing in London? It was well known that much had been done in Liverpool.

The Duke of Westminster was drawn into the discussion—and of course William Rathbone, M.P. His Liverpool scheme was a possible working model. He was a busy man, but never too busy to help a good cause. Fortunately he was readily available, since the parliamentary session required his residence in London during the spring and summer months. And Miss Nightingale could of course be relied upon for encouragement and advice.

On June 25th 1874 a public meeting was held under the auspices of the Order in Willis's Rooms. A number of resolutions were passed whose effect was to call into existence a National Association for Providing Trained Nurses for the Sick Poor in London and elsewhere. The immediate intention of this new body was to establish in London a residential home for district nurses and their trainees. A central committee was elected, and its first act was to set up a working sub-committee for the preliminary business of making an exhaustive survey, both qualitative and quantitative, of existing district nursing activities in the London area.

**Nightingale Influence Again**

The membership of this committee is impressive. It reflected expert knowledge of social administration as well as medical and nursing practice. It included Mr. and Mrs. Nassau Senior, Sir James Stansfield, Robert Wigram, Sir Rutherford Alcock, Sir Henry Acland as well as Henry Bonham-Carter representing the Nightingale Fund Trustees. William Rathbone was its chairman, Florence Lees its honorary secretary.

The hand of Florence Nightingale may be seen in her appointment, and it was certainly used with effect. Writing to William Rathbone on July 12th 1874 she stresses the importance of appointing Miss Lees as secretary to the enquiry and adds: " I think it of even more importance to herself than to the work that she should do this thing. And in my letter to her I told her so; and a good deal besides. If ever her great cleverness is to be turned into solid sense and work it must be now." Later Miss Nightingale told William Rathbone that the Crown Princess of Germany who had great influence over her had also stressed the importance of Miss Lees setting to work at once.

How right they were. Florence Lees' great cleverness was thus turned into solid sense. It was she who did the lion's share of the committee's work as personal investigator. But its secretary, Joseph Guyton, compiled the statistical appendices and constructed a map of the London area showing precisely where district nursing was practised, and whether by trained or untrained personnel.

The report,[2] which appeared in June 1875, deserves to take its place among the notable blue-books and social surveys of the Victorian age. Its factual information was comprehensive and presented with admirable clarity; its conclusions have stood the test of time. These stressed with some force the unsatisfied need for skilled nursing, the dangers of amateur treatment of the sick, the need for preliminary training under hospital conditions, and the importance of recruiting women of good general education and " superior social station "—especially for a type of nursing which required more exercise of personality and initiative than was ordinarily required for work in hospitals where discipline was rigid and expert advice readily available.

This last proposition is argued at some length in relation to the question of educated women's employment in general. Mrs. Ranyard had ignored it; Liverpool had compromised with it; Florence Nightingale had propounded it on and off for twenty years; Florence Lees was to propound it in season and out of season for many years to come.

" Everyone knows," runs the report, " how few employments there are open to gentlewomen. An officer, clergyman, etc., can bring his sons up to earn their own living in the world, with the hope of their leading useful lives to the community at large, perhaps of rising to honour and renown. But what provision can he make for his daughters? " Here the report adverts to the unhappy position of " companions " and governesses, few of whom " have ever been properly taught themselves, or have ever been taught *how to teach*, or to recognise the dignity of such a profession when exercised only by those properly qualified."

Trained nursing is the answer to this situation—a profession that can " secure to its members the social position and material rewards generally given to those who combine a scientific education with a useful calling." Twentieth century readers may question this reference to " material rewards." Yet these doubtless compared favourably with those accorded in the eighteen-seventies to " companions " and governesses. Meanwhile the reference to " scientific education " has a twentieth century ring.

**No Almsgiving**

This defence of professional status is carried a stage further when the report moves from nurse training in general to the organisation of district nurses in particular. District nurses, we are reminded, are under constant temptation to degenerate into almsgivers and it is a sound rule that the distribution of medical comforts should be in the hands of a district lady superintendent.

But " the lady superintendent of a district, herself unprofessional and likely to err even more than the nurse in the direction of liberal almsgiving, cannot stimulate and direct the nurse in her district nursing duties or effectively correct her negligence." This can only be done by a professional supervisor: " a lady of education and breeding as well as a nurse of the highest order having received that superior professional training and instruction of which we have already spoken, and competent therefore to direct and instruct the ordinary nurses as well as to secure their deference and obedience."

That unprofessional ladies are more addicted to

indiscriminate almsgiving than trained nurses is a questionable proposition. It suggests Florence Lees in her more dogmatic aspect. The Liverpool ladies, for instance, were for the most part experienced social workers. No Mrs. Rathbone would have recognised herself in this passage.

There follows a critical analysis of the London district nursing scene as revealed by the factual enquiry . About 100 district nurses were at work among a London population of three and a half millions. Of these " one third can hardly be said to be trained at all." Of Mrs. Ranyard's biblewomen nurses, 48 were at work with four months " more or less perfunctory training." The only other organisation regularly employing trained home nurses for the poor was the East London Nursing Society established in 1868 which employed seven nurses each with a year's training. For the rest, a few trained or partially trained district nurses were operating by ones and twos in connection with religious and other philanthropic organisations.

The East London Nursing Society provided the subcommittee with an interesting example of amateur control on the Liverpool model but without the Liverpool background. Its practice was to find " some lady of means " willing to provide the funds for lodging a district nurse and acting as her superintendent and counsellor.

**Church Attendance**

The Society would then appoint a trained nurse and provide her with a salary and uniform; it also offered the services of a trained matron who from time to time would visit the patients and advise the nurses. The rules laid down for the nurses thus employed are recorded in an appendix to the report. They are suggestive of domestic servant status and incidentally require the nurse " to attend once every Sunday at the parish church and sit in the nurse's seat."

A final section of the report deals with existing nurse training facilities and paints a grim picture of the sort of hospital to be avoided. The kind of special training needed for the district nurse who works alone and unsupported by the supervision and resources of a hospital, is outlined in the report's conclusions. District homes inhabited by four to six district nurses under a trained superintendent are recommended. Here, probationers with a year's hospital training behind them should serve their apprenticeship to district work, in the form of three months home nursing under supervision, leading to certification and enrolment on the association's register.

Taken as a whole, the report can be seen not merely as a well-thought-out " blue print " for the future of district nursing in the interest of the poor, but as a strategic move in Miss Nightingale's larger campaign to establish nursing as a *profession* for educated women rather than as a *craft* for the lower orders. William Rathbone emerged from his chairmanship as an enlightened adherent to this view. The Liverpool ladies, Mrs. Rathbone included, were slower to assimilate it.

The " general principles " of the report being accepted by the Association, no time at all was lost in putting its precepts into practice. The East London Nursing Society agreed to amalgamation with a new body which adopted the cumbersome but descriptive name of the Metropolitan and National Nursing Association for Providing Trained Nurses for the Sick Poor. It is doubtful whether the East London ladies were fully aware of the extent to which they were placing their funds and the handling of their personnel under the thumb of a body whose declared plan of action was an expression of the Nightingale social philosophy. But the East London Society had not yet experienced the full impact of Florence Lees, and its adherence lent strength to the new Association. Further strength was contributed by the trustees of the Nightingale Fund who offered to finance the hospital training of a group of probationer district nurses at St. Thomas's. The Ranyard Mission however pursued its own way at its own level of professional training.

The Duke of Westminster accepted the chairmanship which in his case proved no sinecure, and an executive committee of nine active enthusiasts was elected. This committee was exclusively male. The female element was not however lacking.

Miss Nightingale recommended Florence Lees " as eminently qualified to fill the post of superintendent general " and the appointment was duly made.

How far did Florence Lees dominate the executive committee of the Metropolitan and National Association during the crucial years which followed? Reading between the lines of her clear firm handwriting in her quarterly reports, and of the yellowing pages of the secretary's letter-book, one may assume that she did. The tone of the secretary's twice repeated apology when, somewhat overdriven, he had inadvertently failed to give advance notice of a meeting and thus " treated her with scant courtesy," indicates that she had to be handled with care.[3]

Nevertheless the appointment of Florence Lees was wholly fortunate from the point of view of district nursing recruitment and technique. She attracted the required type of probationer and maintained a standard of combined personal devotion and technical excellence which produced, from those who survived its rigours, a great tradition of district nursing.

Thus impressively launched the Association got to work and by the end of its first year was operating from its new central home at 23 Bloomsbury Square.

*End of Instalment three*

REFERENCES


1 Letter from Florence Nightingale to W. Rathbone, undated but presumably 1887.

2 *Report of the Sub-Committee of Reference and Enquiry on District Nursing in London.* Published by the Metropolitan and National Nursing Association. Submitted June 1875.

3 See the *Holloway Press* 20th April 1878.

# ON THE HEALTH FRONT

## MIDWIFERY TRAINING ALLOWANCES RAISED

AN increase in the allowance for registered nurses training as pupil midwives, to £394, has been announced by the Nurses and Midwives Council of the Whitley Councils. Of this amount, which will be retrospective from 1st January 1959, £129 will be payable to the hospital for board and lodging.

A domiciliary midwife or district nurse/midwife who accepts full responsibility for the practical training of pupil midwives, will receive an additional allowance at the rate of £30 per annum.

## STATUS AND SALARIES

THE question of which nurses qualify for the salary scale announced in N.M.C. circulars no. 71 and 74, has been clarified by the Nurses and Midwives Council. It will also apply to a nurse, with the health visitors certificate, who (1) is employed by the local authority on specialised duties which involve a substantial amount of domiciliary visiting and for which a health visitor's qualification is required, or (2) is required to undertake school nursing duties in addition to her duties as a health visitor. For the purposes of this rule, the duties of a tuberculosis visitor shall be deemed to be duties for which a health visitor's qualification is required.

Another change announced is that the number of cases to be undertaken before receiving the status of of district midwife, will be 25 instead of 30.

## T.B. VACCINATION EXTENDED

VACCINATION against tuberculosis may now be offered to older children and students attending universities, teacher training colleges, technical colleges and other establishments of further education.

The Minister of Health has decided this extension of B.C.G. vaccination, at present limited to school children between 13 and 14. He has informed local health authorities that he is prepared to approve schemes, and arrangements for the offer of vaccination to whole school classes where convenient, even though a few of the children are under thirteen years of age.

B.C.G. vaccination has been available to all nurses and medical staff in hospitals since 1949, when it was first approved for use in this country; and to children before they leave school and between their thirteenth and fourteenth birthdays since 1953.

## FILMS ON LIFTING PATIENTS

TWO films have been made by the Ministry of Health, in co-operation with King's College Hospital, St. Thomas's Hospital and the Queen's Institute of District Nursing, to demonstrate correct methods of lifting patients and to explain their principles.

Part I—In hospital—(one reel, 13 minutes) is designed to be shown alone. Part II—In the Home—(one reel, 11 minutes) should if possible be preceded by Part I because of the animated diagrammatic sequence in the former, showing the physiology of good and bad lifting.

16 mm copies may be hired from: Central Film Library, Government Building, Bromyard Avenue, Acton, W.3. at 5*s* for the first day and 1*s* for subsequent days. The initial hire charge recurs after the seventh day.

Copies may also be purchased from the Central Film Library at a cost of £10 12*s* 6*d* for part I and £7 10*s* 0*d* for Part II.

Filmstrips (also available from the Central Film Library at 7*s* 6*d* each) showing the essential lifts dealt with in both films, were featured in the May/July 1958 issues of *District Nursing*.

## CANCER STUDIES

AN International Reference Centre for Cancer, for studies of lung cancer, has been established in Oslo under WHO sponsorship. Another WHO cancer centre, in Washington, D.C., is devoted to the study of soft tissue tumours.

## BUYING CHILDREN'S SHOES . . .

A RECENT survey of 500 children showed that only 30 per cent were wearing shoes that fitted. Other surveys of school children showed 80 per cent to have crooked toes, 40 per cent corns, 60 per cent stiff joints and 20 per cent blisters.

The Consumer Advisory Council of the British Standards Institution gives this information in its latest issue of *Shopper's Guide*. It emphasises the need for careful fitting, and offers a free leaflet on the subject for parents. (Send a stamped, addressed envelope $6\frac{1}{2}'' \times 5''$ to Orchard House, Orchard Street, Oxford Street, London, W.1.)

## . . . AND VESTS

THE Council is seeking help from mothers in simplifying the sizing of children's clothes. They are asked to write to the above address, marking their letters **Vests,** answering the following questions and making any other points which occur to them:

When you buy children's vests, are you asked for the chest measurement, or length, or the child's age? Do you find chest or length the better guide to fit?

Mothers should mention whether their answers refer to boys' or girls' or both, and if both, whether these are sized differently.

The Association of Queen's Nurses becomes

# The Association of District Nurses

AT its annual general meeting on 25th April, members approved the change in title to The Association of District Nurses to tie in with last year's decision to admit to membership state registered nurses working on the district.

The proposed title had been submitted to all branches, and all but two had expressed approval. It was agreed that where possible, " formerly The Association of Queen's Nurses " should appear in small type under the title.

It was announced that all members of the Association, as well as Queen's nurses, would in future benefit from the privilege subscription of 10*s* per annum to *District Nursing*.

**Presidential Address**

Miss Gray particularly welcomed non-Queen's district nurses who had joined the Association during the past year. She felt that the inclusion of all S.R.N.s working on the district was an important landmark for the Association, and she hoped that all members would encourage more of their district nurse colleages to join.

Membership of the Association was nowhere near the total number of district nurses in the country. She appealed to each member to recruit a new member, and thus double the strength.

The president said she had been very impressed by the enthusiasm shown in the north, where a number of new branches had been formed. Unfortunately the position in the south was not good, and she asked that branches there should do their utmost to stimulate interest. A useful method was to hold open meetings to which non-members were invited.

Without raising the subscription, the Association could not undertake legal coverage. Members were therefore urged to continue membership with the Royal College of Nursing and the Royal College of Midwives.

In answer to a question the president said S.E.A.Ns were not eligible for membership. The Association was affiliated to the National Council of Nurses, which was for S.R.Ns only.

On behalf of the Association, the president thanked Miss Fairless for her work as honorary secretary. She welcomed to that office Miss Ada Wilson, and Miss Barnett who would help with the clerical work.

**Secretary's Report**

Miss Fairless reported that at 31st December 1958, there were 906 paid-up members, 286 of whom had joined during the year. 282 members had not paid their subscriptions.

The executive committee had met three times during the year. They had discussed amongst other matters laundry allowances for non-resident nurses; representation on the Whitley Council; income tax relief; badges for administrators; uniform; and the centenary appeal.

The committee had decided that members entering other fields of public health work should be allowed to retain membership of the Association.

Many members had expressed dissatisfaction at the use of the title ' home nurse', with its amateur implications. The committee had submitted this problem to the Queen' Institute, who had since approached the Ministry of Health, with a request that the title be reconsidered when the National Health Service Act is amended. It had been noticed that the Ministry of Health frequently used the title 'district nurse'.

**Honorary Treasurer's Report**

Miss Ryding presented the income and expenditure account which showed a balance of £675 3*s* 2*d* in hand, as against £454 9*s* 2*d* the previous year. She urged branches to send in subscriptions early in the year. The Association's representation on the National Council of Nurses was calculated from the number of members, and only paid-up members were included in this figure.

**Annual Dinner**

The Liverpool branch was making arrangements for the annual dinner to be held at the Adelphi Hotel, Liverpool, on 10th October.

It was agreed that this should be a centenary dinner, to which special guests should be invited, and that £150 towards the cost be allocated from the central fund.

Business concluded, members listened with interest to an account of her recent visit to Malta from Miss Gray, and to a talk by Sir Terence Airey on the centenary appeal. Sir Terence said that with the co-operation he was already getting from nurses, he was hopeful of reaching the target. He appealed to everyone present to help in material ways and by spreading information about the appeal.

## NEW COLLEGE PRINCIPAL

MISS Edith C. Thomas, S.R.N., S.C.M., D.N. Tutor, Q.N. & H.V. certs., has been appointed principal of the residential administrative staff college to be opened in Liverpool next year.

Miss Thomas has been district nurse tutor at the Edinburgh Central training home since July 1956. Prior to that, she was assistant superintendent in the same home, and worked as a district nurse/midwife in Blackhall, Edinburgh, and as a relief nurse in the Shetlands. Miss Thomas, who took her general training at Edinburgh Royal Infirmary, has also undertaken private nursing in Tasmania. Throughout her nursing career she has shown a keen interest in the educational aspect of public health nursing and its development.

*Nursing Mirror photograph*

## DORSET AND HAMPSHIRE

THE Queen's and non-Queen's district nurses in both counties were invited to the last meeting, held at Ringwood on 9th May. A bring and buy sale and an exhibition of nurses' handicrafts were held in aid of the centenary appeal. Much hard work, time and talent had been devoted to the handicrafts section, where entries included needlework, fire screens, leather and wood work.

The meeting was well attended. Some of those unable to be present sent donations, and the sum of £23 was raised for the appeal.

**B.I.P.**

## NORTH WEST METROPOLITAN

"ARE you satisfied with your face?" A great number of nurses thought there was room for improvement judging by the number of members who attended the branch meeting in April.

Miss Jeffree, the salon manager of a well-known Bond Street beauty firm, showed us how to make the most of our natural endowments. We were particularly pleased to note that the type of make-up she suggested was one which any nurse could wear without giving cause for criticism.

Miss Jeffree also told us about a scheme of beauty care for long-stay hospital patients, and of the remarkable effect it had had on their mental outlook and morale. As it would be too expensive for these treatments to be given by an expert, nurses and lately Red Cross workers also had been instructed in giving this beauty care.

Members felt that they could all think of at least one patient on their districts who would benefit by such treatment. We wonder—would an appeal to the Red Cross produce voluntary beauticians for our patients, as well as so much else?

Before Miss Jeffree's talk, members discussed a variety of topics including badges, uniform, laundry allowances, etc. If you work in our area and feel you should be consulted about these matters, why don't you attend the next branch meeting and make your voice heard?

**C. R. Kratz**

## PRESENTATION TO RETIRED QUEEN'S NURSE

MISS M. G. Oglivie has retired after 26 years service as a Queen's nurse with the Scottish branch. A cheque was presented to Miss Ogilvie, at a gathering of doctors and friends held in April at the Nurses' Home, Bo'ness, when a great tribute was paid to her long and loyal work on behalf of the community at Bo'ness.

*continued at the foot of page 68*

# centenary appeal fund

**The Appeals Organiser gratefully acknowledges the following contributions from nurses:**

| | £ | s. | d. |
|---|---|---|---|
| Miss Glendenning, Malaya | 2 | 2 | 0 |
| Miss C. M. Hugo, South Africa | 5 | 0 | 0 |
| Jersey Maternity & Infant Welfare Centre | 5 | 0 | 0 |
| Miss Lamb, Reading, Berkshire (Donations) | 30 | 3 | 0 |
| Queen Victoria Institute, Reading | 5 | 0 | 0 |
| Miss Watkinson, Belfast | 80 | 0 | 0 |
| Health Centre, Slough, Bucks. | 3 | 10 | 0 |
| Cardiff D.N.A. | 100 | 0 | 0 |
| Miss V. M. Fallows, Stockport, Cheshire | 45 | 0 | 0 |
| Miss M. H. Rosemurgery, Mullion, Cornwall | 7 | 7 | 0 |
| Mrs. Berry and Miss Blanks, Helston, Cornwall | | 15 | 0 |
| Mrs. Davey, Exeter, Devon. (Grateful patient) | 1 | 0 | 0 |
| Miss G. M. Spear, Kingsbridge, S. Devon | 2 | 2 | 0 |
| Miss E. E. Webb, Wimborne, Dorset | 1 | 1 | 0 |
| Gateshead D.N.A., Co. Durham | 1000 | 0 | 0 |
| Miss E. J. Knight, Gateshead, Co. Durham | 20 | 5 | 7 |
| Miss Margaret Proctor, Basildon, Essex | 10 | 0 | 0 |
| Miss E. C. Watts, Walton on Naze, Essex | 1 | 0 | 0 |
| Miss O. E. Wilds, Canvey Island, Essex | | 7 | 6 |
| Miss Dyke, Waltham Abbey, Essex | 50 | 0 | 0 |
| Gloucester D.N.A. | 100 | 0 | 0 |
| Miss M. C. Fare, Southampton, Hants. | 72 | 9 | 4 |
| Miss Grindrod, Bournemouth, Hants. | 12 | 12 | 0 |
| Miss J. M. Toms, Bedhampton, Hants. | 6 | 10 | 0 |
| Grateful patient, Portsmouth, Hants. | 2 | 0 | 0 |
| Watford Nurses, Herts. (grateful patient) | 10 | 0 | 0 |
| Miss M. C. Mairet, Hemel Hempstead, Herts. | | 10 | 0 |
| Mrs. Price, Broadstairs, Kent | 6 | 6 | 0 |
| Miss E. M. Hollands, East Peckham, Kent | | 10 | 0 |
| Mr. A. F. Ottaway, Kent | 55 | 0 | 0 |
| Mrs. Bennett, Manchester, Lancs. | 35 | 16 | 8 |
| Miss Brown, Liverpool, Lancs. | 2 | 2 | 0 |
| Miss M. Douglas, Manchester, Lancs. | | 5 | 0 |
| Grateful patient, Bury, Lancs. | 25 | 0 | 0 |
| Mrs. Mathews and Miss Brown, Liverpool, Lancs. | 2 | 2 | 0 |
| Mrs. G. M. Noel, Pendlebury, Lancs. | | 5 | 0 |
| Miss H. Rigby, Leigh, Lancs. | 1 | 0 | 0 |
| Miss M. A. Scott and Miss I. Morley, Rossendale, Lancs. | 160 | 0 | 0 |
| Miss Small, Manchester Ass. of Queen's Nurses | 57 | 0 | 0 |
| Miss D. A. Hunter, Rochdale, Lancs. | 39 | 4 | 6 |
| Leicestershire C.N.A. | 11 | 1 | 3 |
| N.W. Metropolitan Branch of A.D.N. | | 10 | 0 |
| Miss M. E. Russell, Putney, S.W.15 | | 2 | 6 |
| Miss Gray, London | 2 | 2 | 0 |
| Grateful patient, Catford, S.E.6 | | 5 | 0 |
| Miss E. J. Stevens, King's Lynn, Norfolk | 9 | 2 | 6 |
| Grateful patient, Earls Barton, Northants. | 2 | 2 | 0 |
| Mrs. Wolfe, Brackley, Northants. | 1 | 0 | 0 |
| Miss Chown, Banbury, Oxfordshire | 34 | 6 | 3 |
| Miss E. A. Morgan and Miss B. Thistlethwaite, Boncath, Pembrokeshire | 20 | 0 | 0 |
| Miss M. Stanley, Bridgwater, Somerset | 22 | 1 | 0 |
| Miss E. M. Peterson, Yeovil, Somerset | 6 | 0 | 0 |
| Somerset County Nursing Association | 50 | 0 | 0 |
| Claverley Branch, Staffordshire | 10 | 0 | 0 |
| Miss Milburn, (Proceeds of Ball from The Mayor of Eye), Suffolk | 50 | 18 | 2 |
| Miss P. G. M. Twort, Newmarket, Suffolk. | 2 | 2 | 0 |
| A Queen's Nurse, Surrey | 1 | 0 | 0 |
| Miss W. J. Gunyon | | 10 | 0 |
| Miss Pye, Surrey (Grateful patient) | 4 | 4 | 0 |
| Mrs. M. M. Kemp, Carshalton D.N.A., Surrey | 35 | 0 | 0 |
| Miss H. M. Blundell, Lingfield, Surrey | 3 | 3 | 0 |
| Miss M. Smith, Mitcham, Surrey | 5 | 5 | 6 |
| Miss E. H. Blott, Horsham, Sussex | | 10 | 0 |
| Grateful patient, Sussex | 2 | 2 | 0 |
| Miss K. Dennington, Upper Beeding, W. Sussex | 58 | 4 | 6 |
| Miss Metcalf, Sussex—(G. H. Kenyon, Esq., £150; Kirdford Growers Ltd. £5) | 155 | 0 | 0 |
| Miss Wright, Durrington, Worthing, Sussex | 9 | 13 | 0 |
| Findon Nurses | 7 | 10 | 0 |
| Findon D.N.A. | 5 | 0 | 0 |
| Hastings & St. Leonards D.N. & Maternity Assoc. | 10 | 10 | 0 |
| Grateful patient, South Lancing, Sussex | 1 | 1 | 0 |
| Grateful patient, Worthing, Sussex | 2 | 0 | 0 |
| Mrs. Stead, Leeds, Yorkshire (Grateful patients) | 1 | 10 | 0 |
| Miss Shepherd, Beverley, East Riding, Yorks. | 78 | 7 | 9 |
| Miss I. G. Bullock, Middlesborough, North Riding | 76 | 0 | 0 |
| Miss L. Chrimes, Conisbrough, Yorkshire | 2 | 0 | 0 |
| Miss M. A. Flint, Bradford, Yorkshire | 150 | 0 | 0 |
| Miss G. E. Morfitt, Malton, Yorkshire | 25 | 0 | 0 |
| Miss E. V. Creasy, Keighley, Yorkshire | 2 | 0 | 0 |
| Miss E. P. Davidson, Swinton, Yorkshire | 61 | 0 | 0 |
| Miss M. Phillips, Whitby, Yorkshire | 4 | 0 | 0 |
| Old Egton Grossmont & Goathland D.N.A. | 5 | 5 | 0 |

*The Sunderland Echo*

# R.A.F. Helicopter Joins Refresher Course

DEMONSTRATIONS of casualty evacuation by helicopter provided one of the highlights of a refresher course attended by 91 district nurses at St. Mary's College, Durham University. The helicopter, attached to No. 275 Squadron, Royal Air Force, hovered over an open space serving as an emergency landing ground behind Durham's new technical college, and lowered a doctor, Flight Lieutenant Goodall, and various types of stretchers and other equipment used in casualty evacuation.

A team of four district nurses strapped a dummy patient to a stretcher, and watched him drawn up into the helicopter.

Flight Lieutenant J. W. Reilly, the squadron commander, spoke to the course on the emergencies for which a helicopter ambulance service is ideal. He explained, too, the ways in which to indicate the landing ground and wind direction when a helicopter is called to help. White boards should be placed on the ground to form the letter H. If these are not available, sheets can be used instead but they should be removed as soon as the pilot has sighted them, in case they get drawn up into the rotor blades. The lighting of a small fire will show the pilot the wind direction.

The R.A.F.'s participation in the course finished with a lecture by the medical officer, Flight Lieutenant Goodall, on modern developments in first aid treatment with particular regard to burns.

Throughout the week's course, which was arranged by the Queen's Institute, formal lectures were interspersed with practical sessions in which members demonstrated district nursing techniques on one another. The syllabus included geriatric problems, hypertension, diagnosis and treatment in psychiatry, care of sick children, recent trends in mental deficiency, urinary and rheumatic disorders.

Dr. R. C. M. Pearson, Medical Officer of Health, Newcastle on Tyne, spoke on future trends in preventive medicine. He commented on the changed attitude towards mental health. It was now generally realised that mental health was as important as physical health. With improved general education had come improved and wider understanding of hygiene and how to keep healthy. This improvement in the health of the country and the consequent longer expectation of life, had created a new problem, that of old people and the difficulties they face.

Dr. Pearson emphasised the importance of research into the effects of atomic radiation, and into the relationship between clean and polluted air and cancer. Those engaged in preventive medicine had at their command, means of propaganda which had been unknown a generation ago—television, radio, and films. Publicity through these mediums could have far-reaching results.

---

*continued from page 67*

## BUCKS AND OXON

WAYS and means of raising money for the centenary appeal were discussed at a meeting held in April at 39 Banbury Road, Oxford by invitation of the Superintendent, Miss Longhurst. Miss D. T. N. Cole presided, and twenty-six members were present.

The meeting itself turned into one of the ' ways and means ' with Miss Longhurst providing a special centenary tea, for which members paid 1*s* 3*d* each towards the appeal. Miss Longhurst also raised money by the sale of home-made marmalade and sweets.

The offer of a dancing troupe to give a special display in aid of the appeal was warmly accepted.

Miss Nolan, the London regional appointments officer, gave an interesting account of the work of the different officers connected with placing and advising members of the nursing and allied professions. She explained how these posts came into being, linking, as they did, the Ministries of Health and Labour.

At the next meeting in Aylesbury on September 8th we hope to show the film on The National Gardens Scheme.

**E. McIlwaine**

## correspondence

**Letters should be addressed to:**
**The Editor, District Nursing, 57 Lower Belgrave Street, London, S.W.1**

### 'Nurse Charles'—Unrealistic

IN April I viewed the B.B.C. television film *Some Call Me Sister*. Today I have listened to a good cross-section of criticism from patients, friends, lay associates, and colleagues, who see no connection between the film and what they know or consider our work to be.

Admittedly we do general work only, and that in a large city. Are district nurses who do this kind of work in a minority? What percentage of district nurses are engaged in combined duties in pleasant rural areas? And is the ratio of midwifery cases, even in such ideal surroundings, four out of seven?

The " critics " found no difficulty in recognising the types shown as patients and neighbours, etc. It was " Nurse Charles " who was not recognised. The uniform and car only were familiar.

Earlier this year you published some correspondence re the shortage of junior administrators—especially in training centres. It is generally agreed that ideally such be recruited from our members who have had rural experience. We no longer wonder why there is such a dearth of applicants—who would leave such ideal conditions?

Secondly if this film is an accurate and typical portrayal, have these ladies the right experience for a training centre? Certainly no relationship was shown to the type of work and conditions applying in cities and urban areas.

What percentage of those recruited from rural areas for administrative duties return, and is this due wholly or in part, to totally differing conditions?

We should be interested to know whether our colleagues in other parts of the country consider this film as unrealistic of what the district nurse means to a large proportion of the public whom we serve, as it did to my colleagues, and the " critics " we have met today.

**Queen's Roll No. 16011**

### Assistant Superintendents

MY personal view is that the remuneration for assistant superintendents is not attractive enough to induce any ambition amongst Queen's nurses in general. There is ample evidence that the differentials between nursing sisters, assistant superintendents and superintendents, are quite inadequate to encourage any enthusiasm for special study and promotion.

Extra responsibility justifies a much greater monetary consideration, and until some steps are taken to rectify this matter, and bring the nursing service into line with other professional bodies, I am convinced that training and other efforts to improve the position will be utterly futile.

The nursing profession is a most valuable and essential adjunct to the national health service, and it appears to me that the time has arrived for strong recommendations to be made for raising the status of nurses generally in order that the reward for their work may be more in keeping with present day standards of living.

Although I am chairman of the council of the Hove and Portslade District Nursing Association, I wish to make it clear that I am writing this purely as my personal opinion.

**H. G. Clark**

72 Hallyburton Rd., Hove, 4, Sussex.

# Queen's Nurses

## Personnel Changes

### 1st to 30th April, 1959

**APPOINTMENTS**

**Superintendents, etc.**

Boxer, D. B., E. Sussex (Asst. Supt.). Holliday, Y. B., Westminster & Chelsea (Asst. Supt.). Hughes, M., Camberwell (Asst. Supt.). Macfarlane, M. F., Westminster & Chelsea (Asst. Supt.). O'Brien, T. B., Malta (Supt.). Specht, B. F., Middx. (Asst. Supt.). Westley, C., Croydon (Dep. Supt.).

**Nurses**

Bailley, D., Bristol. Butler, H. J. (Mr.), Birmingham. Byrne, C. K., Hants. Feyerabend, U. R., Somerset. Follett, P., Berks. Hicks, P. E., Warcs. Hughes, B. E., Somerset. King, R. T. (Mr.), Essex. Lord, G. M., W. Riding. Miles, V. J., York. Mortimer, D. R., Middx. O'Brien, M. T., Bucks. Powell, E. I., Worcs. Ryan-Clancy, N. E. (Mrs.), Bucks. Scott, J., Somerset. Smith, N. J. (Mr.), Cambridge Walker, R., E. Sussex.

**REJOINERS**

Barrett-Lennard, E. M., Bucks. (Supt.). Nation, M. B., North London (Asst. Supt.). Chapman, E., N. Riding (Dep. Supt. N.O.). Anderson, E. M. (Mrs.), Oxford. Chaplen, E. (Mrs.), Hastings & St. Leonards. Cooling, V. J., Lincs. (Lindsey). Ferris, N. (Mrs.), Warcs. Fraser, A. J., Surrey. Fraser, E. (Mrs.), Liverpool. Goodridge, J., Exeter. Gowan, K. M., Glos. Homewood, L. S. (Mr.), Southwark. Howard, I., Watford. Hughes, E. C., E. Sussex. Hughes, M., N. Riding. Jordan, L. (Mrs.), Liverpool. Judge, M. I., Herts. Macrae, D. (Mrs.), Cheshire. Pressick, E., N. Riding. Robinson, J. E. (Mrs.), W. Riding. Salmon, C. A., Surrey. Swallow, C. M., Lincs. (Holland). Taylor, M. (Mrs.), Cheshire. Tuppen, J. C. (Mrs.), Lady Rayleigh Training Home. Whitelock, E. M. Essex. Wolton, R. M., Exeter.

**LEAVE OF ABSENCE**

Collins, E.—Extension of leave of absence. Curnow, J. E.—H.V. trg. Maxwell, F. M.—Home reasons.

**SECONDMENT**

Carver, M. C.—Work with S.S.A.F.A. Stephens, M. K. J.—Work with Grenfell Mission.

**RESIGNATIONS**

Harvey, C. F. (Supt.), Sunderland—Retirement. Alvey, A. E., Sheffield—Retirement. Ashton, E. (Mrs.), Blackburn—Domestic reasons. Austin, E., Lancs.—Retirement. Beckett, B. J. (Mrs.), E. London—Domestic reasons. Betts, J. (Mrs.), Birmingham—Domestic reasons. Billequez, K. M. A., W. Riding—Retirement. Blott, K. E., W. Sussex—Post in Tasmania. Bond, A. A., Belfast—Retirement. Brigden, V. G., Essex—Missionary trg. Cambell, M. P., Hammersmith—H.V. trg. Carter, L. M. R. (Mrs.), Bucks.—Domestic reasons. Hill, A. D. (Mrs.), Wallasey—Ill health. Hunt, T. (Mrs.), S. London—Domestic reasons. Johnston, B., Bury—Ill health. Mannian, E. L., Birmingham—Domestic reasons. Martin, I. J. L., E. Sussex—Domestic reasons. McCourt, R. (Mrs.), Birmingham—Domestic reasons. Miller, A. A., Hants.—Domestic reasons. Nixon, R. A., Brighton—End of contract. Palmer, F. C. (Mr.), Rotherham—Ill health. Parker, J. (Mrs.), Leeds—Domestic reasons. Pearse, H. W., Glos.—Other work. Pearson, M., Rotherham—Industrial work. Powell, M. F., Manchester—Hosp. post. Ryan, H. C., Malta—Marriage. Spray, N. M., Brighton—Marriage. Thobroe, R. M., Essex—Domestic reasons. Winder, J. M. (Mrs.), Belfast—Domestic reasons.

## The Seven Queen's of Plympton

FIVE Queen's Guides in a year in one company is the proud record of Queen's Nurse Irene Betts, alias Captain Betts of the 1st Plympton Girl Guide Company and Brown Owl of the 2nd Plympton Brownie Pack. In the photograph she is seen on the right with four of the Queen's Guides and the county commissioner who gave their awards.

Nurse Betts and her colleague Queen's Nurse Gwendoline Rees have been at Plympton since 1941. Their district training during the blitz was punctuated by emergency calls to the Limehouse Institute to help care for the homeless. On completing their training, they asked to be posted to the North East coast—and were sent to Plympton in the S.W.

Expecting a peaceful village, they found nearby Plymouth devastated, Plympton full of evacuees, and *no* district nurses' home.

Dolls had disappeared from the wartime shops, so to raise funds for a home, Miss Rees, aided by Miss Betts and Mrs. Wall with whom they lived, made and sold 600 dolls and soft toys. Other people helped in different ways, and in 1943 the nurses moved into their bungalow. They wondered whether to try again to reach the north east, but decided there was too much for them to do in Plympton—such as starting an ante-natal clinic and home help service.

Miss Rees has a very personal interest in the Guides, for she was in attendance when most of them were born. She and Miss Betts are proud of " their babies", whose growth they have watched with great satisfaction, from babies to become Brownies, Guides and Queen's Guides; and some to become teachers, nurses and doctors in many parts of the world.

## Scottish Branch

**APPOINTMENTS**

**Superintendents, etc.**

Sanderson, M. R. (Rejoiner), Glasgow (Bath St.) (Asst. Supt.).

**Nurses**

Campbell, F. (Mrs.), Carrbridge. Craig, M. A., Lochinver. Erwin, E. M. P., Kilsyth. Hall, B., Balerno. Howatt, I. M., Bannockburn. Kidd, H., Strathnairn. Lamont, J. M., Skeabost Bridge. Lennan, A. C., Stenhousemuir. MacKinnon, A., Airdrie. MacLean, M., Inverness. MacVicar, J. B., Luing. Paterson, B. B., Arbroath. Robertson, M., Thorniliebank. Wemyss, R., Edinburgh.

**REJOINERS**

Drysdale, J. M., Glasgow (Bath St.). Fiddes, M. J., Aberdeen.

**RESIGNATIONS**

Devine, P. C., Glasgow (Dennistoun)—Marriage. Gillies, M. (Mrs.) (*née* Buchanan), Glasgow (Govan)—Home reasons. Hayworth, E. C. (Mrs.), Millerston—Home reasons. Mackay, M. M., Carrbridge—Home reasons. MacLeod, M. F. (Mrs.), Glasgow (Strathbungo)—Other work. Rodger, R. C. H. (Mr.), Edinburgh—Work abroad. Watson, W. (Mr.), Dundee—Other work.

# CLASSIFIED ADVERTISEMENTS

**Advertisements for this section can be received up to first post on the 2nd of the month for publication on the 10th. They should be sent direct to: District Nursing, 57 Lower Belgrave Street, London, S.W.1. Telephone Sloane 0355.**
**Rates: Personal, 2½d. per word (minimum 12 words, 2s. 6d.): all other sections, 3d. per word (minimum, 12 words 3s.)**
**Displayed Setting: 17s. 6d. per single column inch.**

## APPOINTMENTS

### RADNORSHIRE COUNTY COUNCIL

Applications are invited for the post of Superintendent Nursing Officer of Radnorshire. Applicants must be State Registered Nurses, State Certified Midwives, hold the Health Visitors Certificate and be qualified to act as Non-Medical Supervisor of Midwives.

The person appointed will be responsible to the Medical Officer of Health for the Administration of nursing services undertaken for the County Council by the Radnorshire County Nursing Association, a voluntary body affiliated to the Queen's Institute of District Nursing.

Salary and conditions of service in accordance with the Whitley Council's recommendations. The post is superannuable, subject to medical examination.

Applications to reach Dep. Gen. Superintendent, Queen's Institute of District Nursing, 57 Lower Belgrave Street, London, S.W.1., by 30th June, 1959.

### MIDDLESEX COUNTY COUNCIL

**Home Nurse/Midwife** (wholetime) in Area 4 (Finchley & Hendon). Must be S.C.M. and S.R.N., pref. district trained. N.M.C. salary. Person appointed required to reside at Midwives Home and charged for board and lodging. Provision for uniform. Established, prescribed conditions. Full particulars and two referees to Area Medical Officer, Town Hall, Hendon, N.W.4. by 18th June (Quote Z.592 DN).

### WESTMORLAND COUNTY COUNCIL

**Nursing Services**

District Nurse/Midwife/Health Visitors are required for the following rural areas, all these vacancies occurring on account of retirement after 32, 20 and 33 years respectively. Health Visitor's Certificate is desirable. Cars provided.

**Oxenholme and Old Hutton, nr. Kendal**—House furnished or unfurnished.

**Staveley, nr. Kendal**—New house being built. Furnished or unfurnished.

**Ambleside, Grasmere and Langdale**—Double district. One required—own living arrangements or relief nurse for this area.

Apply to County Medical Officer, County Hall, Kendal.

### MALTA MEMORIAL D.N.A.

District Nurse/Midwives required for Malta, Queen's preferred or willing to take four months training. Salary and conditions of service in accordance with Whitley scales. F.S.S. Motorist or willing to learn.

Cost of out-going journey by air will be paid by the Association.

Further particulars may be obtained from the Dep. Gen. Supt., Q.I.D.N., 57 Lower Belgrave Street, London, S.W.1.

### CUMBERLAND COUNTY COUNCIL

(Affiliated to the Queen's Institute of District Nursing)

**District Midwives for Whitehaven**—Two required. Suit friends. Accommodation to be arranged.

**Health Visitor for Workington**—One of four

**District Nurse/Midwives for Egremont**—Double district. Suit friends. Furnished house provided.

**District Nurse/Midwife/Health Visitor for**

(*a*) **Greystoke** (Ullswater area)—Furnished cottage available.

(*b*) **Crosby** (Maryport)—Rural area near Solway coast. New house available furnished or unfurnished.

(*c*) **Ireby**—House available furnished or unfurnished.

(*d*) **Bootle** (near Millom)—House available furnished or unfurnished.

Cars will be provided for all the above appointments.

**Queen's District Training**—Applications are invited from nurses S.R.N., S.C.M., wishing to work as district nurse/midwives in Cumberland. Arrangements can be made for them to take four months training at an approved Queen's Nurses' Training Home.

Application forms obtainable from the County Medical Officer, 11 Portland Square, Carlisle.

### SALOP COUNTY COUNCIL

Applications are invited for the undermentioned vacancies in the County of Salop

**Health Visitors**

Oswestry Urban area.
Wellington Urban area.
Shrewsbury Urban area.
Newport area for October next.
Dawley area for September next.

**District Nurse/Midwives**

Donnington double district.
St. Martin's district.
Tibberton district.
Wem district.
Clungunford district for September next.
Relief for Whitchurch area.
Relief for Ludlow area.
Relief for holiday periods.

Application forms and further particulars obtainable from: T. S. Hall, County Medical Officer of Health, County Health Department, College Hill, Shrewsbury.

### SOMERSET COUNTY COUNCIL

**(Midwifery and Nursing Services)**

**Keynsham—Health Visitor**—Duties consist of maternity and child welfare and school work. Applicants must hold the certificate of the Royal Society for the Promotion of Health. Small furnished flat available.

**Yeovil—Health Visitor** required September. Duties consist of maternity and child welfare and school work in borough. To work with group of four health visitors.

**Bridgwater**—Two full-time **Midwives** required. Resident in comfortable nurses' home or non-resident. Motorists or willing to learn.

Full-time S.R.N. required, preferably with district training. Resident in comfortable nurses' home or non-resident.

**Batheaston** (adjoining Bath)—Queen's Nurse/Midwife with Health Visitors certificate or willing to train. Generalised duties on single district, in group of four nurses. Car provided. Lodgings, house to be built.

**Chilcompton**—Queen's Nurse/Midwife with Health Visitors certificate or willing to train. Generalised duties on single district. Car provided. Lodgings, house to be built.

District Nurse/Midwives urgently required for posts in County.

Help given with driving tuition in all cases, if required.

For further particulars apply to: County Medical Officer of Health, County Hall, Taunton.

### CITY OF OXFORD HEALTH DEPARTMENT

**Assistant Superintendent for Key Training Home**

Experienced Queen's Nurse required to act as District Nurse Tutor (up to six students, study-day system of training) and to deputize for the Superintendent in her absence. Must hold Health Visitor's Certificate. Motorist essential. Resident or non-resident. Salary according to Nurses and Midwives Whitley Council.

Application forms obtainable from the Medical Officer of Health, Health Department, Greyfriars, Paradise Street, Oxford, to whom they should be returned by 27th June, 1959.

Town Hall
OXFORD

HARRY PLOWMAN
Town Clerk

### COUNTY BOROUGH OF WEST HAM

(Within easy reach of Central London)

**Health Services**

(Affiliated to Queen's Institute of District Nursing)

Applications invited for following vacancies:—

(*a*) **Domiciliary Midwife** (S.C.M. and preferably S.R.N.).

(*b*) **District Nurse Midwife, S.R.N.** (preferably with district training), and S.C.M. **Furnished Flatlet Available.** Car owner/driver preferred, for which mileage allowance is payable. A scheme for assisted motor car purchase is in operation.

Whitley Council salary and conditions of service, plus allowance for Part II training of Pupil Midwives.

Application forms (and further particulars) from Medical Officer of Health, 225 Romford Road, Forest Gate, E.7, to whom application should be made by 24th June 1959.

*Other Advertisements on p. 72*

**CITY OF YORK**
**DISTRICT NURSING SERVICE**
**Male Nurse**

Applications are invited for the appointment of Male District Nurse. Preference will be given to members of the Queen's Institute, or State Registered Nurses willing to take this training. Whitley Council salary payable.

Applications, stating age, qualifications and experience, together with the names of two referees, to be forwarded to the Medical Officer of Health, 9 St. Leonard's Place, York.

T. C. BENFIELD,
Town Clerk

---

**CROYDON**
**DISTRICT NURSING ASSOCIATION**

Vacancies are available for July, September and November for training for the Queen's Roll Examinations. For further particulars apply to the Deputy Superintendent, 6 Morland Road, Addiscombe, Croydon, Surrey.

---

**ST. HELENS DISTRICT NURSING ASSOCIATION**

**First Assistant Superintendent** required. H.V. Certificate preferred. Post provides experience in general administration and in the training of Student District Nurses. Motorist or willing to learn. Accommodation provided in comfortable well equipped home.

Apply: Dep. Gen. Supt., Q.I.D.N., 57 Lower Belgrave Street, London, S.W.1.

**COUNTY BOROUGH OF SOUTHEND-ON-SEA**
**Appointment of District Nurse, Public Health Department**

Applications are invited for the above appointment. Salary in accordance with the award of the Whitley Councils for the Health Services. Must be S.R.N. District nursing training would be an advantage.

Full particulars and application forms obtainable from the Medical Officer of Health, Municipal Health Centre, Warrior Square, Southend-on-Sea, to whom they should be returned within 14 days of the appearance of this advertisement.

ARCHIBALD GLEN
Town Clerk

---

**YORKSHIRE**
**WEST RIDING COUNTY COUNCIL**

**Lepton**—Two nurse/midwives (semi-rural)—motorists—house—suit friends sharing.

**Denby Dale**—Two nurse/midwives (rural)—motorists—house—suit friends sharing—one to act as relief.

Successful applicants can use their own cars (loans available for purchase) or cars may be provided.

Application forms from County Medical Officer, County Hall, Wakefield, Yorkshire.

---

**SOUTHWARK, NEWINGTON & WALWORTH D.N.A.**

Assistant Superintendent required June-July. Staff approx. 20—Modern well equipped centre—furnished or unfurnished accommodation available.

Apply: Dep. Gen. Supt., Q.I.D.N., 57 Lower Belgrave Street, London, S.W.1.

**KENSINGTON**
**DISTRICT NURSING ASSOCIATION**

First Assistant Superintendent required. H.V. certificate. Good experience in teaching and in general administration. Staff approximately 30. Comfortable modern home—housekeeper employed.

## PERSONAL

**QUEEN'S NURSES' BENEVOLENT FUND**

*Founded in* 1913 *by Queen's Nurses, for Queen's Nurses*

Minimum subscription FIVE SHILLINGS a year.

OBJECT—To assist financially colleagues who have to give up work owing to illness.

APPLICATIONS for financial assistance may be made for a GRANT, after three consecutive subscriptions previous to going off duty owing to an illness of short duration have been paid, and after salary rights have been exhausted.

*OR*

AN ANNUITY, after five consecutive subscriptions have been paid up to time of going off duty, when the illness involves resignation from District Nursing, and the applicant is unable to undertake other work.

SUBSCRIPTIONS should be sent to Miss Ivett, Lancastria, Boyndon Road, Maidenhead, Berks, from whom further details can be obtained.

An Annual Report, with a renewal notice, is posted direct to all subscribers each year.

---

# NURSING BOOKSHELF

**A Practical Handbook of Psychiatry for Nurses and Students by Louis Minski, M.D., F.R.C.P., D.P.M.** (Heinemann, 7*s* 6*d*).

THE author introduces his book as a concise account of some aspects of psychiatry. In a small volume Dr. Minski deals with such subjects as the development of the individual, the aetiology of mental illness, forms of treatment and the legal aspect of psychiatry.

This handbook is extremely valuable, used in conjunction with clinical teaching, but the reader who wants to widen her understanding of emotional illness, in order to give support to patients and their relatives at home, will find each chapter too brief to be satisfying.

Some of Dr. Minski's remarks however are extremely pertinent to the work of the district nurse. He reminds us that medical and nursing staff are often guilty of producing abnormal reactions in patients suffering from physical disabilities, when too much is done for them and rehabilitation is hampered. Another point of interest is that vitamin B deficiency may be responsible for confusional states, with or without peripheral neuritis. Included in various types of mental illness, are those due to progressive degeneration of the nervous tissue, and the reaction to temporary poisoning of the brain cells with drugs or alcohol. **M.I.**

**Home Care for the Emotionally Ill by Herman S. Schwartz.** Published by Staples Press Limited. (18*s*)

THOSE of us engaged in nursing and caring for the sick in their own homes meet many patients who are emotionally ill. We have been taught the procedures of physical care, but many of us feel inadequate when we encounter 'mental illness.' For this reason I looked forward to reading this book, but must admit to disappointment.

The criticism of mental hospitals is rather unfortunate—but then this book was written in America. I am sure that most mental hospitals of today compare favourably with general hospitals.

The chapter dealing with understanding the patient is helpful, because understanding is what we most need when trying to help the mentally ill.

I doubt if many people could—and would want to—carry out the procedures of a salt rub or application of hot wet packs, as advised in the chapter on simple home remedies. I am also doubtful of the author's insistence that we must all drink eight glasses of water a day to keep well.

Although I enjoyed parts of this book, particularly the chapter on understanding, on the whole I found it disappointing. If it were reduced to half its size and much of the repetition avoided, it would be more useful. **H.H.C.**